

Effective Date: April 12, 2012

CRITERIA FOR PRIOR AUTHORIZATION

Incretin mimetic agents

PROVIDER GROUP: Pharmacy

MANUAL GUIDELINES: The following drug(s) require prior authorization:

Exentatide extended-release (Bydureon®)

CRITERIA: (must meet all of the following)

- Patient must be at least 18 years old.
- Patient must have a diagnosis of Type 2 Diabetes.
 - Diagnosis of Type 2 Diabetes must be documented by HbA1c > 6.5%
- Patient must have HbA1c between 6.5% - 9.0%
- Patient must have history of another antidiabetic agent in the previous 30 days.
- Patient must not have history or family history of medullary thyroid carcinoma in the past 2 years.
- Patient must not have history of multiple endocrine neoplasia syndrome type 2 in the past 2 years.

RENEWAL CRITERIA:

- Documented improvement of HbA1c from pretreatment levels
- Achievement or maintenance of therapeutic goals (HbA1c \leq 6.5%)

Prior Authorization will be approved for 6 months.